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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee					Office Use Only			
NAME OF COMMITTEE (in full)	USE FEC MAILI OR TYPE OR PR		Example:If typing, ty over the lines	/pe				
Lynn Jenkins for Congress								
ADDRESS (number and street)	P.O. Box 14	41						
Check if different than previously reported. (ACC)	Topeka				KS L	66601		
2. FEC IDENTIFICATION NUI	MBER ¥	CITY	A	ST	ATE 🛋	ZIP CODE		
C00433730		3. IS THIS REPOR		OR X	AMENDED (A)		DISTRICT	
4. TYPE OF REPORT (0 (a) Quarterly Reports: April 15 Quarterly	Choose One) Report (Q1)	(b) 12-Day	PRE-Election Repor Primary (12P) Convention (1		General (12G Special (12S)		noff (12R)	
July 15 Quarterly FO		Election	n on			in the State of		
January 31 Year-E	End Report (YE)	(c) 30-Day	POST-Election Repo		Runoff (30R)	Spr	ecial (30S)	
Termination Repor	rt (TER)	Election	1 1	0 4	2008	in the State of	KS	
5. Covering Period 1 0	16	2008	through	11	2 4	2008		
I certify that I have examined this	Report and to the b	-	vledge and belief it is t	rue, correct and	d complete.			
Type or Print Name of Treasurer								
Signature of Treasurer Electro	onically Filed by	Scott Griffith		Date	e 01	22	2009	
NOTE : Submission of false, erro	oneous, or incomple	ete information i	may subject the perso	n signing this F	Report to the pen	nalties of 2 U.S.C	137g.	
Office Use Only FE5AN018						FEC FORM (Revised 02/200		